

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529453

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4						
5				1		
6			1			
7						
8						
9						
10				3		
11				3		
12				3		
13				3		
14				3		
15				3		
16			1			
17						
18						
19						
20						
21						
22			1			
23				7		
24				5		
25				5		
26				6		
27				6		
28				5		
29				2		
30			1			
31						
32						
33						
34						
35						
36						
37				1		
38			1			
39						
40						
41						
42						
43						
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53						
54						
55						
56				1		
57			1			
58				1		
59						
60						
61				1		
62						
63			1			
64						
65						
66						
67						
68						
69				1		
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		←	92	←		←
TOTAL CLAIMS			110			